

Request to Negotiate Local Level of Performance
1S2 AIMS Math
2007-2008

Secondary District Information

C-T-D	
District Name	

Contact Information

CTE Administrator	
CTE Phone Number	
CTE Email Address	

Request Information/Background

Requesting Local Level of Performance (LALP) for which Performance Measure:	<input type="checkbox"/> 1S2 ACADEMIC MATH (SALP 40%)
What is your District's current Level for this Performance Measure?	<input type="checkbox"/> 1S2 _____%
What Local Level are you requesting?	_____%

Justification for Request of LALP

Explain why this request should be granted:	
Describe strategies to address improvement:	

Signatures

CTE Administrator Signature	
Date	
Superintendent/Authorized Secondary Designee Signature	
Date	

Fax this completed form to Development
and Innovations Group at 602-542-1849.